

APPLICATION FOR UNITED STATES PATENT

Declaration For Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Method of Detection and Treatment of Malignant and Non-Malignant,
the specification of which Lesions by Photochemotherapy (file Q1352)

(check at least one) ☒ is attached hereto.

☐ was filed on _____ as Application Serial No. _____

and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date earlier than that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	Status (patented, pending, abandoned)
07/386,414	28 July 1989	Pending

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office:

RICHARD J. HICKS, Reg. No. 24665

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO

RICHARD J. HICKS, Director, Patents & Licensing, Queen's University,
Kingston, Ontario K7L 3N6

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

7 Typewritten Full Name
of Sole or First Inventor

James C. Kennedy
Given Name Middle Initial Family Name

8 Inventor's Signature

9 Date of Signature

Month Day Year
23 1991

10 Residence

Kingston CAX Ontario Canada

11 Citizenship

Canadian State or Province Country

12

Post Office Address
(Insert complete mailing
address, including country)


299 Glen Cairn Terrace
Kingston, Ontario K7L 4A6


* Note to Inventor: Please sign name on line 8 exactly as it appears in line 7 and insert the actual date of signing on line 9.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☐

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

40200
*7 Typewritten Full Name of Roy H Pottier
Second Joint Inventor (if any) Given Name Middle Initial Family Name

*8 Inventor's Signature 

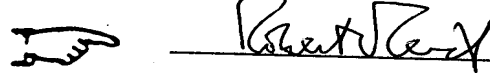
*9 Date of Signature  10 23 1991
Month Day Year


10 Residence Kingston CAX Ontario Canada
City State or Province Day Country

11 Citizenship Canadian

12 Post Office Address
(Insert complete mailing address, including country) { R.R. #1
Kingston, Ontario
K7L 4V1 }

40300
*7 Typewritten Full Name of Robert L Reid
Third Joint Inventor (if any) Given Name Middle Initial Family Name

*8 Inventor's Signature 


*9 Date of Signature  17 08 91
Month Day Year


10 Residence Kingston CAX Ontario Canada
City State or Province Day Country

11 Citizenship Canadian

12 Post Office Address
(Insert complete mailing address, including country) { R.R. #1
Kingston, Ontario
K7L 4V1 }

*7 Typewritten Full Name of
Fourth Joint Inventor (if any) Given Name Middle Initial Family Name

*8 Inventor's Signature 


*9 Date of Signature  _____
Month Day Year


10 Residence _____
City State or Province Day Country

11 Citizenship _____

12 Post Office Address
(Insert complete mailing address, including country) { _____ }

*7 Typewritten Full Name of
Fifth Joint Inventor (if any) Given Name Middle Initial Family Name

*8 Inventor's Signature 

*9 Date of Signature  _____
Month Day Year

10 Residence _____
City State or Province Day Country

11 Citizenship _____

12 Post Office Address
(Insert complete mailing address, including country) { _____ }

* Note to Inventors: Please sign name on line 8 exactly as it appears in line 7 and insert the actual date of signing on line 9.



Kennedy, J.C., Pottier, R., and Reid, R.L.
Applicant or Patentee: _____ Attorney's Docket
Serial or Patent No.: _____ No.: Q1352

Filed or Issued: _____

For: Method of Detection and Treatment of Malignant and Non-Malignant Lesions by Photochemotherapy

VERIFIED STATEMENT(DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN Deprenyl USA, Inc.
ADDRESS OF CONCERN 207 Omni Drive, Somerville, New Jersey 08816

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled Method of Detection and Treatment of Malignant and Non-Malignant Lesion by Photochemotherapy inventor(s) Kennedy, James C., Pottier, Roy H. and Reid, Robert L. described in

- ☒ the specification filed herewith
☐ application Serial No. _____, filed _____
☐ Patent No. _____, issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING D. Geoffrey Shulman
TITLE OF PERSON OTHER THAN OWNER Chairman, President and CEO
ADDRESS OF PERSON SIGNING 207 Omni Drive
Somerville, New Jersey 08816
SIGNATURE D. Geoffrey Shulman DATE 10/10/91

Applicant or Patent Kennedy, James C., Pottier, Roy H. and Reid, Robert L. Attorney's

SERIAL OR PATENT NO: _____

Docket No: Q1352

FILED OR ISSUED: _____

FOR: Method of Detection and Treatment of Malignant and Non-Malignant Lesions

by Photochemotherapy

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION Queen's University

ADDRESS OF ORGANIZATION Kingston, Ontario Canada K7L 3N6

TYPE OF ORGANIZATION

- ☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3))
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA (NAME OF STATE _____)
(CITATION OF STATUTE _____)
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA (NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled Method of Detection and Treatment of Malignant and Non-Malignant Lesions by Photochemotherapy
by inventor(s) Kennedy, James C., Pottier, Roy H. and Reid, Robert L.
described in

- ☒ the specification filed herewith
☐ application serial no. _____, filed _____
☐ patent no. _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME: Deprenyl USA, Inc.

ADDRESS: 207 Omni Drive, Somerville, New Jersey 08816

☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME: _____

ADDRESS: _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Dr. William L. McLatchie

TITLE IN ORGANIZATION: Vice Principal (Research)

ADDRESS OF PERSON SIGNING: Queen's University, Kingston, Ontario Canada K7L 3N6

SIGNATURE W. McLatchie DATE 11 Oct 91